

1456

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>134</u>	County Registrar No. <u>464</u>
or		Local Registrar No. _____	
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Cabe Milton Smith</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>June 10 - 24</u>	Month day year		
8. FATHER		14. MOTHER	
Full name <u>Harden Smith</u>		Full maiden name <u>Pearl Emily Ray</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>San Antonio</u>		18. Birthplace (city or place) _____	
(State or country) <u>Texas</u>		(State or country) <u>Colorado</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:00 P.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. W. Adams</u>	
Given name added from a supplemental report _____		Address <u>Globe, Arizona</u>	
Month, day, year. _____		Filed <u>JUN 15 1924</u> <u>B. G. J. O'Neil</u>	
Registrar. _____		Local Registrar. _____	
		County Registrar. _____	

328-610-798